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## **Gas-Parish Summary** Return (G1-S)

Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

FOR OFFICE USE ONLY. Field flag								

Account ID (10 digit BMF #)
Name
Address 1
Address 2
Address 3

If your address has

Reporting Company ID (5 digit Severance #)

changed, mark circle.

O If amended return,

mark circle.

If final return,

mark circle.

## Taxable period

		Tax Rate Code	Tax rate per MCF	Total Taxable MCF	Tax Amount Due	
1	Full rate – capable gas	1	\$ 0.269		\$	
2	Incapable rate – oil well gas	2	\$ 0.03		\$	
3 Incapable rate – gas well gas		3	\$ 0.013		\$	
	Produced Water Injection Incentive – Approved Projects Only					
4	Produced water – Full rate	1P	\$ 0.215		\$	
5	Produced water – incapable rate-oil well gas	2P	\$ 0.024		\$	
6	Produced water – incapable rate-gas well gas	3P	\$ 0.0104		\$	
7	Penalty and Interest	6			\$	
8	GRAND TOTAL				\$	

If your name has

changed, mark circle.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.						
Date	ate Signature		Signature of preparer other than taxpayer	Preparer ID		
	This return is due on or before the 25th day of the second month following the taxable period and becomes delinquent on the first day thereafter. If the due  Telephone Number					
	date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter. See special instructions for additional filing requirements for taxpayers with liabilities equal to or in excess of \$ 10,000.					
Complete only if change in business status has occurred. Please print or type.						
Date business discontinued	Date business sold	Name of purchaser	_			



Account ID	) (10	diait	<b>RMF</b>	#1
ACCOUNT IL	, , , ,	ululi	DIVID	# 1

Parish Name	Tax Rate Code	Net Taxable MCF	Total Amount Due
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